



South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Initial Training Program*

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: Touchmark & All Saints
Name of Primary RN Instructor: Wendy Schrag, RN
Address: 111 W. 178th
Sioux Falls, SD, 57104
Phone Number: 335-1117 Fax Number: 335-1100
E-mail Address of Faculty: wjs@touchmark.com

- Request to use the following approved curriculum(s); submit a completed Curriculum Application Form for each selected curriculum. *Each program is expected to retain program records using the Enrolled Student Log form.*
 - ☐ 2011 South Dakota Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)
 - ☐ Gauwitz Textbook – Administering Medications: Pharmacology for Health Careers, Gauwitz (2009)
 - ☐ Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009)
 - ☐ Nebraska Health Care Association (2010) (NHCA)
 - ☒ We Care Online
- Qualifications of Faculty/Instructor(s): Attach resumes / work history demonstrating two years of clinical RN experience.
- List faculty and provide licensure information:

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Wendy Schrag</u>	<u>SD</u>	<u>2037441</u>	<u>8/13/2014</u>	<u>[Signature]</u>

- A **Certificate of Completion** will be provided by the Board of Nursing upon approval; the certificate must be completed and given to each successful student upon completion of the Medication Administration Training Program.

RN Faculty Signature: See form 2 Date: _____

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>8/6/12</u>	Date Notice Sent to Institution: <u>8/9/12</u>
Date Application Approved: <u>8/9/12</u>	Application Denied. Reason for Denial:
Expiration Date of Approval: <u>April 2014</u>	
Board Representative: <u>[Signature]</u>	



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Medication Administration Training Program for Unlicensed Assistive Personnel Application for Initial/Training Program

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Name of Institution: Teachman at All Saints
Name of Primary RN Instructor: Wendy Schrag, RN
Address: 1140.17th St
SF SD 57104
Phone Number: 605-335-1117 Fax Number: 605-335-1100
E-mail Address of Faculty: wis@teachman.com

1. Request to use the following approved curriculum(s): submit a completed Curriculum Application Form for each selected curriculum. *Each program is expected to retain program records using the Enrolled Student Log form.*
 - ☐ 2011 South Dakota Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)
 - ☐ Gauwitz Textbook – Administering Medications, Pharmacology for Health Careers, Gauwitz (2009)
 - ☐ Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009)
 - ☐ Nebraska Health Care Association (2010) (NHCA)
 - ☒ We Care Online
2. Qualifications of Faculty/Instructor(s): Attach resumes / work history demonstrating two years of clinical RN experience.
3. List faculty and provide licensure information:

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Wendy Schrag	SD	1637441	8/13/2014	CS

4. A Certificate of Completion will be provided by the Board of Nursing upon approval; the certificate must be completed and given to each successful student upon completion of the Medication Administration Training Program.

RN Faculty Signature: Wendy Schrag, RN Date: 8/4/12

This section to be completed by the South Dakota Board of Nursing

Date Application Received:	Date Notice Sent to Institution:
Date Application Approved:	Application Denied. Reason for Denial:
Expiration Date of Approval:	
Board Representative:	

Form 2

South Dakota Board of Nursing
Curriculum Content Application Form: *We Care Online*

Agency/Facility Name: Touchmark at all Saints

This form provides onsite clinical RN primary instructors a guide on how to teach the content of the We Care Online curriculum. Complete column 4 with the name of RN responsible for teaching the 4-hour clinical lab portion of training (bottom of page 2). Submit completed form to BON with your Medication Administration Training Program application.

Curriculum Requirements Pursuant to ARSD 20:48:04.01.15	Content Outline	Time Frame	RN Instructor	Teaching Methodology Used May include: lecture, self-study, online, case study
1) General information relevant to the administration of medications, including: a) Governmental regulations related to the practice of nursing, the administration of medication, and the storage, administration and recording of controlled substances; b) Ethical issues; c) Terminology, abbreviations and symbols; d) Medication administration systems; e) Forms of medication; f) Procedures and routes of medication administration; g) Medication references available; h) The role of unlicensed assistance personnel in administering medications; i) The five rights of medication administration: right patient, right medication, right dose, right time, right route and j) Infection control policies and procedures	1. Governmental regulations related to the medication administration <ul style="list-style-type: none"> SD Specific Legal Requirements 2. Administration of medications and controlled substances (CS) 3. Storage of medications and CS 4. Recording of CS 5. Ethical Issues 6. Terminology, abbreviations, and symbols 7. Medication administration systems 8. Forms of medication 9. Procedures and routes of medication administration 10. Medication references available 11. The role of unlicensed assistance personnel in administering medications 12. The five rights of medication administration <ul style="list-style-type: none"> Right Patient Right Medication Right Dose Right Time Right Route 13. Infection Control policies and procedures	8 hrs.	Online RN instructor: Bonnie Henningson	Required text for self-study: Gauwitz, Donna F. (2009). <u>Administering Medications: Pharmacology for Health Centers</u> . 6th Ed, Pub McGraw-Hill. ISBN: 978-0-07-352085-8 Self-study, read: SD Specific Legal Requirements Ch. 1: Orientation to Medications Ch. 2: Principles of Drug Action Ch. 3: Measurements & Dosage Adjustments; Ch. 5: Medication Therapy; Ch. 6: Vitamins Minerals & Herbs; Ch. 7: Antibiotics & Antifungals; Ch. 8: Drugs for the Eye & Ear; and Ch. 9: Drugs for the Skin; Online content for Unit 1 posted on the course platform. Click on the links provided to state regulations. Student required to post answers to discussion questions for Unit 1 online. Go online to labs tab and review Unit 1 games for learning.
Unit Test (ARSD 20:48:04.01.14 - Tests are developed for each unit in curriculum, including a final test. A passing score of 85% is required on each unit test with an opportunity to retake each test one time. If a student fails on retake, additional instruction is required before further testing is allowed.)	Administer Unit 1 exam.	0.5 - 1 hr.	Bonnie Henningson	Passing score of 85% required; may retake exam once. Scores will be provided to RN instructor by We Care Online. (Individual RN primary instructors are expected to maintain the <u>We Care Student Log Form</u> for their students.)

13. An overview of the major categories of medications related to the body systems, including: a. Cardiovascular b. Endocrine c. Gastrointestinal d. Integumentary e. Musculoskeletal f. Nervous g. Reproductive h. Respiratory i. Sensory j. Urinary k. Immune	14. An overview of the major categories of medications related to the body systems, including: a. Cardiovascular b. Endocrine c. Gastrointestinal d. Integumentary e. Musculoskeletal f. Nervous g. Reproductive h. Respiratory i. Sensory j. Urinary k. Immune	8 hrs.	Bonnie Henningson	Self-study, read: Ch. 11: Drugs for Respiratory; Ch. 12: Drugs for Gastrointestinal; Ch. 13: Drugs for the Urinary System & Fluid Balance; Ch. 14: Drugs for the Reproductive System; Ch. 15: Drugs for the Endocrine System; Ch. 16: Drugs for the Musculoskeletal System; Ch. 17: Drugs for the Nervous & Sensory Systems;
15. Overview of specific types of drugs for certain patient/resident populations including: a. Mental illness or behavioral b. Cancer c. Pediatric patients d. Geriatric patients	15. Overview of specific types of drugs for certain patient/resident populations including: a. Mental illness or behavioral b. Cancer c. Pediatric patients d. Geriatric patients		Bonnie Henningson	Self-study, read: Ch. 18: Psychotropic Drugs; Ch. 19: antineoplastic Drugs; Ch. 20: Drugs for Pediatric Patients Ch. 21: Drugs for the Geriatric Patient Online content for Unit 2 posted on the course platform. Student required to post answers to discussion questions for Unit 2 online. Go online to labs tab and review Unit 2 games for learning.
Administer unit 2 exam	Administer unit 2 exam	0.5 – 1 hr.	Bonnie Henningson	Passing score of 85% required; may retake exam once.
Administer comprehensive final exam	Administer comprehensive final exam	0.5 – 1 hr	Bonnie Henningson	Passing score of 85% required; may retake exam once.
• Clinical/laboratory instruction provided with required RN faculty-to-student ratio of 1:8; • Skills performance evaluation completed by RN with required 1:1 faculty-to-student ratio.	• Clinical/laboratory instruction provided with required RN faculty-to-student ratio of 1:8; • Skills performance evaluation completed by RN with required 1:1 faculty-to-student ratio.	4 hrs	Onsite Clinical RN Instructor(s): <i>Wendy Schlegel, RN</i>	Complete required Skills Performance Evaluation form for each student that passes tests. (additional checklists may also be completed as desired)
		21.5 – 23 hrs		

SD BON Reviewer Use Only

Date Application received: 8/6/12BON Staff Representative: [Signature]Criteria Met: ☒ Yes ☐ No; reason denied: _____